

ASS. REC. BY: Steve

REF: CS/CTI24110129/Enh3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

/	
N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SNN7621Y Yr Regn: 26 Dec 2023

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: TOYOTA VOXY c.c. 1797

Colour: Black A/C: Insured / Std / NI / NA

Sp.Reading: 149493 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ZWR900142153*

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD A/Rim or _____

Tyre Size: F: 215/55R17

R: "

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or BEARWAY

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mm

L/Bal. 5 mm L/Bal. 5 mm

D.O.A. 28/12/24 D.O.I. 16/12/24

Survey held at Mycar consultant

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear RH

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>MV - \$188k</u>
	<u>Steve confirmed part by parts \$1258.75 and 2 days.</u>
	<u>(red, \$1129.25, 47%)</u>

Date/Time, File Pass to? : Preli. Report : Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
S + RS	SI
Photos	
Others	
TOTAL	

1) Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$) : Interview (\$) : Tech. Invs (\$) : Weekend (\$)

Rep. Format: _____ Lump Sum / L.B.J. (\$) _____